

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1 3				
15		1				
16		1				
17		1				
18		①				
19		①				
20		①				
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
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31		1				
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33		1 3				
34		1				
35		1				
36		1				
37		1				
38		①				
39		①				
40		①				
41	1					
42		1				
43		1				
44		①				
45		①				
46		①				
47	1					
48		1				
49	1					
50		1				
TOTAL IND.	5					
TOTAL DEP.	46					
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						